

**Transition Plan to Employment Services:**

- Please explain how soon individuals will make changes to their employment goal during the annual person-centered planning process for their employment service changes.

**MD Response:**

The following language will be related to employment services:

“Participants, family members, and Coordinators of Community Services (CCS) have been given guidance since July of 2018 to use their annual person-centered planning process to identify the appropriate service alignment related to their employment goals.

Beginning July 1, 2019, the Person-Centered Plan (PCP) will include a new detail service authorization section which includes the new employment services that will become available July 1, 2020. Participants receiving supported employment will be able to request job development, on-going, and/or follow along supports under the new employment services. Participants interested in employment discovery and customization will be able to request the discovery service under the new employment services. Participant’s interested in self-employment or co-worker supports will also be able to request these services under the new employment service. Therefore, all supported employment and employment discovery and customization services will end on June 30, 2020 and the new corresponding services (i.e. job development, on-going, and discovery) will begin on July 1, 2020 based on the PCP processes.”

CMS feedback requested

**CMS response: No additional comments.**

**Attachment #2 HCB Settings Waiver Transition Plan:**

- The state may remove all language under this section and replace with the following statement of assurance: ***The state assures this waiver amendment or renewal will be subject to any provisions or requirements included in the state's most recent and/or approved home and community-based settings Statewide Transition Plan. The state will implement any CMCS required changes by the end of the transition period as outlined in the home and community-based settings Statewide Transition Plan.***

MD Response: All language under this section was removed and replaced with the following statement of assurance: “The state assures this waiver amendment or renewal will be subject to any provisions or requirements included in the state's most recent and/or approved home and community-based settings Statewide Transition Plan.

The state will implement any CMCS required changes by the end of the transition period as outlined in the home and community-based settings Statewide Transition Plan.”

Updated in portal

**CMS response: No additional comments.**

**New - Appendix B-3- Unduplicated Count:**

During the initial development of the new waiver, Maryland projected the number of Transitioning Youth (TY) that would enter the Community Pathways Waiver and the number projected to enter the Community Supports Waiver. Based on first year experience, more TYs entered the Community Pathways Waiver instead of the Community Supports Waiver. Therefore, the numbers of slots were adjusted for this reserved category in both waiver programs.

In reviewing of our TY slot use to date with additional waiver applications in process, we would like to increase the number of slots by 200 for the first year to support youth entering services.

CMS feedback requested

**CMS response: No additional comments.**

**Appendix B-5 Spousal Impoverishment Rules:**

- For all 4 waivers (023, 0339, 1466, and 1506), MD covers the 217 groups but has indicated it is not applying the spousal protection provisions. Please confirm the state is currently applying the spousal impoverishment provisions that have been extended through at least 3/31/19. Please select the first two items that spousal impoverishment rules are being applied, including the use of spousal post-eligibility rules that is found on B-5a.

*Note: The following selections apply for the time periods before January 1, 2014 or after December 31, 2018 (select one).*

- ☒ Spousal impoverishment rules under §1924 of the Act are used to determine the eligibility of individuals with a community spouse for the special home and community-based waiver group.

*In the case of a participant with a community spouse, the state elects to (select one):*

- ☒ Use spousal post-eligibility rules under §1924 of the Act.  
*(Complete Item B-5-b (SSI State) and Item B-5-d)*
- ☐ Use regular post-eligibility rules under 42 CFR §435.726 (SSI State) or under §435.735 (209b State)  
*(Complete Item B-5-b (SSI State). Do not complete Item B-5-d)*
- ☐ Spousal impoverishment rules under §1924 of the Act are not used to determine eligibility of individuals with a community spouse for the special home and community-based waiver group. The state uses regular post-eligibility rules for individuals with a community spouse.  
*(Complete Item B-5-b (SSI State). Do not complete Item B-5-d)*

MD Response: Maryland is currently applying the spousal impoverishment provisions. The first two boxes will be checked.

Updated in portal

**CMS response: No additional comments.**

**Appendix B-6-a reasonable indication of need:**

- Please explain the change to frequency of need to 180 calendar days.

MD Response: After discussions with CMS, no further response is needed.

**CMS response: No additional comments.**

**Appendix C – Participant Services:**

FPP is available for specific waiver services that may be provided in advance of waiver enrollment which may be shifted to administrative costs if the individual isn't enrolled. The state has altered the language and it is no longer accurate

**COMMUNITY DEVELOPMENT SERVICES:**

**Service Requirement:**

- Costs associated with training can occur no more than 180 days in advance of waiver enrollment unless authorized by the DDA. In these situation, the costs are billed to Medicaid as an administrative cost

MD Response: This language will be removed.

Updated in portal

**CMS response: No additional comments.**

**FAMILY AND PEER MENTORING SUPPORTS**

**Provider qualifications:**

Family and Peer Mentoring supports Professional: **Other Standard: E.** sentence should read: If currently licensed or **certified**. The waiver application reads. If currently **licensed or approved**. Please update the waiver application accordingly

MD Response: This language is reflected in the track changed documents.

Updated in portal

**CMS response: No additional comments.**

**NURSE CONSULTATION**

**Service Definition: C.** At a minimum, **Nurse Consultation services** must include: **3.** But no more than 90 calendar days... This sentence is not included in the approved waiver. Please update the waiver application accordingly

MD Response: This language was deleted as reflected in the track changed documents and therefore will not show up in the application. The review of the HRST is required on an annual basis and when any significant changes in the health of the participant occur.

CMS feedback requested

CMS response: No additional comments.

**Service Requirements: A. 3.** Employ his/her own staff under the Self-Directed Services delivery model

The underlined information is messing within the submitted waiver application. Please update the waiver application accordingly

MD Response: This language is reflected in the track changed documents.

Updated in portal

CMS response: No additional comments.

**Provider Qualifications; Nursing Service Provider: Registered Nurse: Entity responsible for verification. 1.** Should read DDA for certified Registered Nurses... Please update the waiver application accordingly.

MD Response: This language is reflected in the track changed documents.

Updated in portal

CMS response: No additional comments.

## **NURSE HEALTH CASE MANAGEMENT:**

### **Service Definition:**

1. Performing of a comprehensive nursing assessment of the participant identifying his or her health, medical appointment, and nursing needs; Maryland wants to remove the word appointment, please update the waiver application accordingly.

MD Response: This language is reflected in the track changed documents.

Updated in portal

**CMS response: No additional comments.**

**Service Requirements:**

**B.** A participant may qualify for this service if he or she is: (1) receiving services via the Traditional Services delivery model at a DDA-licensed community provider site, including residential, day, or employment type services; (2) receiving Personal Support services from a DDA licensed community provider; or (3) receiving services under the Self-Directed Services delivery model, when direct support staff are employed by a DDA-licensed or DDA-certified community provider.

According to the CMS review, please make the following changes:

Add: **or DDA certified** in #2 following DDA licensed and the underlined information needs removed. Please update the waiver application accordingly.

**MD Response:** This language is reflected in the track changed documents.

Updated in portal

**CMS response: No additional comments.**

**CAREER EXPLORATION:**

**Service Requirements:**

**I.** From July 1, 2018 through June 30, **2019**, Career Exploration services are not available...The date should be June 30, 2020. Please update the waiver application accordingly.

**MD Response:** This language is reflected in the track changed documents.

Updated in portal

**CMS response: No additional comments.**

**SUPPORTED EMPLOYMENT**

**Provider Specifications: Supported Employment Provider**

**Provider Qualifications: D.** Except for currently DDA licensed or **approved** Supported Employment providers, and **E.** If currently licensed or **approved**, produce, upon written request from the DDA, Please remove the wording approved in both of the sentences and include **certified**. Please update the waiver application accordingly.

**MD Response:** This language is reflected in the track changed documents.

Updated in portal

**CMS response: No additional comments.**

## **SUPPORTED LIVING:**

### **Supported Living Provider: Entity Responsible for Verification:**

1. DDA for provider approval. Please replace approval with **certified**. Please update the waiver application accordingly.

**MD Response: This language will be updated.**

**Updated in portal**

**CMS response: No additional comments.**

## **Personal Supports:**

- Costs associated with training can occur no more than 180 days in advance of waiver enrollment unless authorized by the DDA. In these situations, the costs are billed to Medicaid as an administrative cost.

**MD Response: This language will be removed.**

**Updated in portal**

**CMS response: No additional comments.**

- Access to personal supports (C) – how is this criteria applied consistently and who makes the determination?

**MD Response: Each person-centered plan (PCP) provides a picture of the person's self-identified Good Life, and includes supporting documentation for the assessed waiver service need. Participants can explore various life "focus areas" such as day to day and community life that can help promote active and ongoing engagement around the pursuit of independence and community membership.**

**Based on the information that comes out of that focus area, along with the results of the Support Intensity Scale, Health Risk Screening Tool, and other supporting documents, a coordinator works with the person to determine the most appropriate service to support their assessed need(s). The Integrated Star is a useful tool for people, families and teams to get a more comprehensive look at all the services and supports that may exist in a person's life; not just eligibility specific supports.**

**To authorize a PCP, DDA Regional Offices review all information submitted with the PCP to determine if there is an assessed need for the requested personal support**

services for community engagement (outside of meaningful day services) or home skills development; whether the level of service requested is necessary and appropriate to meet the participant's needs; and whether the service is the most cost-effective service to meet the participant's needs. For services that are not the most cost-effective, the DDA will also consider "extraordinary" circumstances such as proximity to family, employment, and medical services.

CMS feedback requested

**CMS response: No additional comments.**

#### **Respite:**

- Costs associated with training can occur no more than 180 days in advance of waiver enrollment unless authorized by the DDA. In these situation, the costs are billed to Medicaid as an administrative cost

MD Response: This language will be removed.

**CMS response: No additional comments.**

Updated in portal

#### **Assistive Technology:**

- Costs associated with training can occur no more than 180 days in advance of waiver enrollment unless authorized by the DDA. In these situation, the costs are billed to Medicaid as an administrative cost

MD Response: This language will be removed.

Updated in portal

**CMS response: No additional comments.**

#### **Medical Day Care:**

- Please remove the age limits 16 and over. This service is for adults – 18 years and older. Please remove the age requirement of 16 and over to be consistent with the state's requirement that waiver services are not provided during school hours. Individuals who are 16 are school-age and should be in school.

MD Response: Maryland's Medical Day Care services supports individuals age 16 and up. Youth in school can attend Medical Day Care on weekends and when school is not in session such as summer months and winter breaks.

After discussions with CMS, no further action is needed.

**Environmental Modifications:**

- When services are furnished to individuals returning to the community from a Medicaid institutional setting, the costs of such services are billed to Medicaid as an administrative cost.

MD Response: This language will be removed.

Updated in portal

CMS response: No additional comments.

**Appendix D-2-a Service Plan Implementation and Monitoring**

- Please provide a description regarding participant access to non-waiver services in service plan, including health services?

MD Response:

The person-centered planning process includes exploration and discovery of important relationships, community connections, faith-based associations, health needs, areas of interest, and talents that can also help to identify additional potential support for desired Outcomes.

The new LTSS PCP Outcome page includes a description of how community resources and natural supports (i.e. non waiver services) are being used or developed. The CCS PCP guide provides guidance for coordinator to identify and describe opportunities for including non-staff in the Outcome-related activities and to include use of generic community resources (i.e., using a store-provided shopping aide or having staff focus on developing relationships with coworker's versus providing actual on-the-job assistance). Supports identified are then noted with the Support Considerations chart that include the name of the person, relationship, support/service, and support role.

In addition, Community Living – Group Home and Enhanced Support services are delivered by provider owned and operated residential habilitation sites for which the provider is responsible for supporting and documenting that the person health appointments and any follow up results.

CMS feedback requested

**CMS response: Please add information into WMS : a. Service Plan Implementation and Monitoring.**



- Please provide a description of methods for prompt follow-up and remediation of identified problems?

**MD Response:**

The new LTSS PCP also includes information related to how the team will know that progress is occurring and the frequency for assessing satisfaction, the implementation strategies, and reviewing the outcome.

Coordinators are also required to conduct quarterly monitoring and enter information into an enhanced LTSS Monitoring and Follow Up form. The form includes sections related to demographic information, contacts, date of visit, any changes in status, service provision, individual satisfaction, progress of outcomes, and health and safety. Based on data entry to these sections, follow up action may be required and will be noted in the "Recommended Action" section which can include items specific to service provision. Health and safety items require immediate action and in some situations require an incident report as per the Policy on Reportable Incidents and Investigations.

CMS feedback requested

**CMS response: Please add information into WMS : a. Service Plan Implementation and Monitoring.**

- Please provide a description of how methods for systematic collection of information about monitoring results are compiled, including how problems identified during monitoring, are reported to the state?

**MD Response:**

The DDA developed and implemented the "Evidence of Person-Centered Implementation Monitoring Checklist" tool to assess the CCS's development and monitoring of the PCP. To enhance this effort, additional resources were identified including the automation of the quarterly monitoring and follow up forms in the LTSS system and the addition of contractual staff in the regional offices that are responsible for oversight and monitoring of CCS agencies and activities.

The LTSS Monitoring Form Report provides both the DDA and CCS agencies information related to review related to the completion status of the Quarterly Monitoring and Follow-up forms for each person served. This functionality enables DDA to improve its oversight and review of CCS activities. On a weekly basis, the DDA staff will review the report to ensure that the Monitoring and Follow-Up forms are completed for the people served by CCS agencies within the specified region.

The CCSs are to upload evidence of service goal implementation and review whether progress has been made. They will also upload documentation to verify the provision of

services as authorized. If there is insufficient progress, the CCS will meet with the service provider to determine why progress is not being made.

The new regional office staff will also review a sample of the quarterly monitoring forms and a reliability check will be completed during a provider visit to ensure that the documentation accurately reflects plan implementation.

In every incident where there is no evidence of plan implementation, the CCS is required to notify DDA's Regional Office, who will be responsible for reviewing and requesting a plan of action from the identified provider. On a monthly basis or sooner as outlined in the plan, the Regional DDA staff will monitor outstanding plans of action with the CCS and provider to facilitate compliance.

CMS feedback requested

**CMS response: Please add information into WMS : a. Service Plan Implementation and Monitoring.**